



City of Bellevue Parks & Community Services

Spring 2012 Women's Volleyball League

NEW!!!

LEAGUE INFORMATION:

- 6 matches guaranteed, one match per week. **Playoffs optional.**
- Monday &/or Wednesday evenings.
- South Bellevue Community Center.
- Format: 6-on-6, minimum 4 on the court at all times.
- **USAV rules with house modifications.**
- Self-Officiated. ~~Required: Teams to provide 2 players to officiate assigned matches.~~ **not required this season**
- Individuals can be placed on the Interested Players List. Contact Shirley Louie at (425)452-4479, slouie@bellevuewa.gov.
Or, come to the Manager's Meeting before the first game to form new teams.

IMPORTANT DATES:

- **Tues Feb 21, 2012** – Registration opens for Bellevue residents & returning teams.
- **Tues Feb 28, 2012** – Open registration for everyone.
- **Fri Mar 16, 2012 4:30 pm** - Registration & Payment Deadline **extension: Fri April 12, 2012**
- **May 2** – July 1, 2012 - League Play
- **Managers Meeting – Wed May 2, 2012 7:30pm South Bellevue Community Center**

COSTS:

- League Fee: **\$250** per team
Nonrefundable if requested less than 3 weeks prior to start of league play. \$10 administrative fee if refund granted.
- Non-resident Fee: **\$10** each player **not residing** in Bellevue (zip codes 98004-98008)

REGISTRATION REQUIREMENTS:

- Registration Form
- Team Roster **with residence addresses**
(Online Registration: roster due 3rd week of games along with final changes)
- Full League Fee.
(Company Sponsorship: credit card number required – will be charged if sponsorship check is not received by the 1st game)
- Non-Resident Fees, if applicable

PAYMENT OPTIONS:

- Cash, Checks, Money Orders, Visa, and MasterCard accepted.

REGISTRATION OPTIONS:

- Online Registration <http://parksreg.bellevuewa.gov>
- Drop-Off Location: Bellevue City Hall
Service First Desk
450 110th Ave NE
Bellevue, WA 98004

- Mailing Address: Shirley Louie
Bellevue Parks/Enterprise Division
PO Box 90012
Bellevue, WA 98009-9012
- E-mail Address: slouie@bellevuewa.gov
- Fax: (425) 452-7221 Attn: Shirley Louie

FOR MORE INFORMATION:

Bellevue Parks & Community Services Department:

- League Coordinator: Shirley Louie - (425) 452-4479, slouie@bellevuewa.gov
- League Administrator: Jon Wilson – (425) 452-4278, jwilson@bellevuewa.gov

City of Bellevue websites

- http://bellevuewa.gov/parks_adult_sports_leagues.htm
 - <http://parksreg.bellevuewa.gov>
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Fall [] Winter [] Spring [✓] Year [2012]	
Team Name:	Sponsor (if applicable):
Manager's Name:	Phone: (cell) (day) (evening)
Street Address:	Fax:
City, State, Zip:	Email Address:
League Preference: <input type="checkbox"/> AA <input type="checkbox"/> A Upper <input type="checkbox"/> A Lower <input type="checkbox"/> B <input checked="" type="checkbox"/> Women	Payment Enclosed (check all that apply): _____ \$250 Team League Fee <i>Nonrefundable if requested less than 3 weeks prior to start of league play. \$10 administrative fee if refund granted.</i> _____ Non-Resident Fees, if applicable (\$10 each) _____ Total Enclosed
Type of Payment: <input type="checkbox"/> Cash (Do not send in mail) <input type="checkbox"/> Check or money order (payable to "City of Bellevue") <input type="checkbox"/> Company Sponsor Check – credit card# required – will be charged if sponsorship check not received by 1 st game. <input type="checkbox"/> Charge Card (check type): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Account #:	Expiration Date:
Is your team new to the City of Bellevue Volleyball League? _	
If it is, how did you find out about our league?	
If not, what season did your team play in last?	
Season:	Year: Former team name:

[illegible]



City of Bellevue Parks & Community Services

Winter 2012 Women's Volleyball League

Injury/Liability Release Form and Roster

I, the undersigned participant on TEAM: _____, have voluntarily agreed to participate in the City of Bellevue Parks and Community Services Fall[] Winter[] Spring[☒] Year[2012] Adult Volleyball League. As a participant, I recognize and understand the risks that are inherent in participating in this sporting activity. Acknowledging these risks, whether known or unknown, I hereby assume the risks of property damage, injury, illness or death associated with participation in this activity; I voluntarily agree to release the City of Bellevue, its employees, representatives, volunteers and agents from any and all liability that may arise in connection with this activity; I agree that the terms hereof shall serve as an Assumption of Risks and Release for my heirs, estate, executor, administrator, assignees, guardians and for all members of my family; I hereby waive any and all rights and claims for injuries, damage or loss. I further agree to adhere to the rules and regulations established by the Bellevue Parks and Community Services Department. In addition, I give my permission to have photos/videotapes taken without recompense during the City of Bellevue activities and for publicity purposes.

CAUTION: By signing the signature line, I acknowledge that I have read this Waiver and Release, that I understand its contents and warning and that I knowingly and voluntarily agree to its terms.

Player's signature is required before playing.

Printed Name	Phone(s)	Residence Address	City	Zip	Resident?	Signature	Date
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							